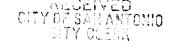
CORRECTION AFFIDAVIT

ACCOUNT#	· CANDI	FOR DATE/OFFICEH			4.31
ACCOON! #		2 Total pages med:			
CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	First Julian	MI	OFFI	ICE USE ONLY
ORIGINAL	NICKNAME January 15	Castro	SUFFIX		
REPORTTYPE	July 15	Exceeded \$500 limit		Date Hand-delive	red or Date Postmarked
	8th day before election	appointment (officeholder only) Final report		Receipt #	Amount
ORIGINAL PERIOD COVERED	Month Day Year	, Month Cay	Year	Legal	Totals
TEMOD GOVERNED	1 / 19 / 05	5 THROUGH 3 / 2.8	/ 05	Date Processed Date imaged	· · · · · · · · · · · · · · · · · · ·
AFFIDAVIT					
MAF Note	RY LOUISE DAVILA Any Public, State of Texas My Commission Expires PTEMBER 10, 2007	I swear, or affin this corrected r	epon e true		1.
AFFIX NOTARY STA	any Public, State of Texas My Commission Expires PTEMBER 10, 2007		Signature of San	and cerred	ider
AFFIX NOTARY STA	any Public, State of Texas My Commission Expires PTEMBER 10, 2007	this corrected of	Signature of San	and cerred	ider

Remember To Attach Any Part Of The Campaign Finance Report Form

Needed To Report And Explain Corrections



exas Ethics Commission	P.O. Box 12070	Austin, Texas 78	711-2070	<u> 4:31 </u>	(512)463-5800	1-800-325-85
	TE/OFFICEH N FINANCE				FOR COVER SH	RM C/OH EET PG 1
he C/OH instruction	N GUIDE explains how	to complete	1 ACCOUNT# (Ethics Commission	ion filers)	2 Total pages filed	f:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/WR	FIRST Julian		MI	OFFICE	ISE ONLY
NAIVIE	NICKNAME	LAST Castro		SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT /. 715 E. Sunsh		TY: STATE: Antonio, 782	ZIP CODE Texas 228	Date Hand-delivered o	r Date Postmarked
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHON (210) 436 5	E NUMBER	EXTENSIO	NO	Receipt #	Amount
CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Joaquin LAST		MI	Date Processed Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX 143 Globe St		•	state:	ZIP CODE	
CAMPAIGN TREASURER PHONE	(5284	EXTENSIO	N		
REPORT TYPE		30th day before election 8th day before election		1 \$ 500 limit	15th day after can appointment (office	ehalder only)
PERIOD COVERED	Month Day Year 1 /19 / 05	THROU	Mont GH	th Day 3 / 28 /	Year 05	
ELECTION	ELECTION DATE Month Day Year 5 / 7 / 05	ELECTION TYPE	E Runatt	X	General	Special
OFFICE	OFFICE HELD (if any) City Council	District		OUGHT (if known)	
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditure Candidates are required to disc	es are campaign expen	ditures made by others	AYOT without the cand ation of the direc	idate's prior consent or it campaign expenditure	approval.
BY OTHER INDIVIDUALS	Address / PO Box; Apt. / Suite #;	; City; State; Zi	p Code			
additional pages						
<u> </u>		GO ТО Р	AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

EPOŘT: FORM C/OH
2003 APR 29 PM 4: 3 COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT # (Ethics Commission filers)		
•	Julian Ca				
17 NOTICE FROM POLITICAL	 This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. 				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3283.07		
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$166898.74		
EXPENDITURE TOTALS			\$		
	4. TOTAL	. POLITICAL EXPENDITURES	\$218457.97		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 38239.40		
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$		
19 AFFIDAVIT					
The second and the se	RY LOUISE DAVIL	is true and correct and includes all in	perjury, that the accompanying report information required to be reported by		
Not	tary Public, State of Texas My Commission Expires PTEMBER 10, 200		idate or Officeholder		
AFFIX NOTARY STAM	IP / SEAL ABOVE	Signature or Land	date of Officerolds		
			, this the 29 KL day		
of <u>April</u> , 2	20 604 , to ce	rtify which, witness my hand and seal of office.	Bladan		
Mary Zeus Signature of officer as	dministering oath	Printed name of officer administering oath Ti	NI ARY tile of officer administering oath		

Signature of officer administering oath

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SAN ANTONIO Y CLERK	SCHEDULE A
- 41	The Instruction	N GUIDE explains how to complete this form.	THE REPORT OF THE PERSON OF TH	1 Total pages Sche	dule A:
2	FILER NAME	Julian Castro		3 ACCOUNT# (Ett	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/28/2005	Aimee Bromley 6 Contributor address; City; State; Zip Code 105 E. Elsmere San Antonio, TX 78212 Correction: Page 3 Entry 5		1000	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/2/2005	Nicholas Dibari Contributor address; City; State; Zip Code 521 W. Linda Vista Palm Springs, CA 92262 Correction: Page 4 Entry 2		750	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/2/2005	Ashley Dibari Contributor address; City; State; Zip Code 521 W. Linda Vista Palm Springs, CA 92262 Correction: Page 4 Entry 2		750	 - -
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/15/2005	Richard W. Evans Contributor address; City; State; Zip Code 315 Terrell Rd. San Antonio, TX 78209 Correction: Page 4 Entry 5		500	
Principal occupation / Job title (See Instructions)			Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/16/2005	Ramiro Valadez III Contributor address; City; State; Zip Code 109 Castle Hills Dr. San Antonio, TX 78213 Correction: Page 6 Entry 3		500	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

Tex	as Ethics Cor	nmission P.O. Box 12070 Austin,	Texas 78711_207	0(512) 46	3-5800 1-800-325-8506	
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	Texas 78711 207 CITY OF 6	SAN ANTONIO CLERK	SCHEDULE A	
	The Instructio	N GUIDE explains how to complete this form.	2005 APR 2	Total pages 3che	dule A:	
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	2/25/2005	Lynn Juarez 6 Contributor address; City; State; Zip Code P.O. Box. 460924 San Antonio, TX 78246 Correction: Page 7 Entry 5		500		
9	Principal occu		10 Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/26/2005	Marlene Hawkins Contributor address; City; State; Zip Code 601 E. Carlson San Antonio, TX 78208 Correction: Page 10 Entry 3		100		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	2/25/2005	Jerry Beauchamp Contributor address; City; State; Zip Code 4708 Pecan Grove Blvd. San Antonio, TX 7822 Correction: Page 13 Entry 3		250		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/3/2005	Sylvia Romo Contributor address; City; State; Zip Code P.O. Box 120033 San Antonio, TX 78212+H32 Correction: Page 19 Entry 4		200		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/18/2005	Robert Cuellar Contributor address; City; State; Zip Code 9400 Doliver Dr. Austin, TX 78748 Correction: Page 23 Entry 4		100	 	

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

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SCHEDULE A

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	The Instruction	GUIDE explains how to complete this form.	2905 API	12 9otalpapes sche	dule A: 25	
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	3/1/2005	Richard A. Garcia 6 Contributor address; City; State; Zip Code 7703 Floyd Curl San Antonio, TX 78284		100		
		Correction: Page 27 Entry 1				
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/1/2005	Kenneth Kalkwarf Contributor address; City; State; Zip Code 7703 Floyd Curl San Antonio, TX 78229 Correction: Page 28 Entry 2		200		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	2/28/05	Aurelio Manuel Montemayor Contributor address; City; State; Zip Code 5835 Callaghan Rd. San Antonio, TX 77228 Correction: Page 29 Entry 1		500		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/3/2005	Seunghwann Kim Contributor address; City; State; Zip Code 15 Parkrow #21 New York, NY 10038 Correction: Page 33 Entry 3		50		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/7/2005	Evan Norris Contributor address; City; State; Zip Code 50 Bridge St. #519 Brooklyn, NY 11201 Correction: Page 35 Entry 4		100		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		

POLITICAL CONTRIBUTIONS

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SCHEDULE A

	OTHER	THAN PLEDGES OR LOANS				
	The Instruction	Guide explains how to complete this form.	2005 APR	7 7 Total bag be schedule A:		
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	3/7/2005	Susan Thomas 6 Contributor address; City; State; Zip Code 322 W. 57th St. #14-R New York, NY 10019 Correction: Page 37 Entry 1		250	 -	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/7/2005	Alexis Hult Contributor address; City; State; Zip Code 235 W. 101st PHB New York, NY 10025 Correction: Page 37 Entry 3		250	 	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
•	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/2/2005	Mark Somerstein Contributor address; City; State; Zip Code 101 Park Avenue New York, NY 10178 Correction: Page 38 Entry 5		500	 	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Laura Cardenas 3/19/2005 Contributor address; City; State; Zip Code 5903 Seneca Dr. San Antonio, TX 78238 Correction: Page 40 Entry 5			250			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Caryn Fonberg 3/20/2005 Contributor address; City; State; Zip Code 5452 Glen Lakes Dallas, TX 75231 Correction: Page 42 Entry 4			1000			
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		

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	The Instruction	GUIDE explains how to complete this form.	2005 AP	R 2 Btal Pages Sche	3 de dule A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT# (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/25/2005	Jonathan Oram 6 Contributor address; City; State; Zip Code		250	
		101 E. 16th St., Apt. 4c New York, NY 10003 Correction: Page 57 Entry 2			
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/14/2005	Turner Family Trust Contributor address; City; State; Zip Code No address on check; address not located despite Correction: Page 58 Entry 1		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/27/2005	Miguel Lopez Contributor address; City; State; Zip Code 14444 Vance Jackson San Antonio, TX 78230		75	
	Principal occur	Correction: Page 65 Entry 1 pation / Job title (See Instructions)	Employer (See In	structions)	
	. Tillopal 3000			<u></u>	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/23/2005	Adrienne Cohen Contributor address; City; State; Zip Code		36	
		No address on check; address not located despite Correction: Page 67 Entry 3	e best efforts		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/16/2005	Cynthia Guerra Contributor address; City; State; Zip Code 1063 Fairway Dr. San Antonio, TX 78070 Correction: Page 75 Entry 5		25	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
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CITY CLERK

		THAN PLEDGES OR LOANS	> 2005 APR 2	29 PM 4:31	SCHEDULE A
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2	FILER NAME	Julian Castro		3 ACCOUNT# (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	. (6 Contributor address; City, State; Zip Code Correction: Page 82 Entry 2		0	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/5/2005	Norma Cantu Contributor address; City; State; Zip Code 140 Twin Leaf Lane San Antonio, TX 78213 Correction: Page 82 Entry 4		200	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/4/2005	Jaime Rodriguez Contributor address; City; State; Zip Code 2206 Panorama Terrace Los Angeles, CA 900 Correction: Page 82 Entry 5	37	250	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#: delete entry double reported Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Correction: Page 85 Entry 1		0	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		delete entry double reported Contributor address; City; State; Zip Code Correction: Page 85 Entry 2		0	· -
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	The Instruction	GUIDE explains how to complete this form.	2005	T Val pages Sche	titus 3: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		delete entry double reported Contributor address; City, State; Zip Code		0	
		Correction: Page 84 Entry 5			
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/4/2005	Jason Barkham Contributor address; City; State; Zip Code		100	
		11611 Chenault St. Los Angeles, CA 90049 Correction: Page 89 Entry 5			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	/	Delete entry corporate check. Check returned Contributor address; City, State; Zip Code	1.		
	,	Correction: Page 90 Entry 1		0	· -
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Delete entry corporate check. Check returned Contributor address; City; State; Zip Code	1	0	
		Correction: Page 91 Entry 2	-	v	
	Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/4/2005	Daniel Oburn Contributor address; City; State; Zip Code		0	
		No address located despite best efforts Correction: Page 92 Entry 1		Ü	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

<u>ex</u>	as Ethics Con	nmission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	3-5800 <u>1-800-325-850</u> 6
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	RÉCEIVE CITY OF SAN AN CITY CLER	TONIO K	SCHEDULE A
	The Instruction	GUIDE explains how to complete this form.	MS APR 29 PM	1: Total pages Sche	dule A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/21/2005	Susan Blackwood 6 Contributor address: City: State: Zip Code 706 Birdsong San Antonio, TX 58258 Correction: Page 93 Entry 5		0	 - -
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/27/2005	Batle Dental L.P. Contributor address; City; State; Zip Code 6300 W. Loop South, Suite 650 Bellaire, TX 77 Correction: Page 94 Entry 2		100	 -
	Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/21/2005	Greater Faith Institutional Church Contributor address; City; State; Zip Code 3514 MLK Drive San Antonio, TX 78220 Correction: Page 95 Entry 1		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/7/2005	David Cunningham Contributor address; City; State; Zip Code 12814 Country Crest San Antonio, TX 78216 Correction: Page 101 Entry 5		1000	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
		delete entry double reported Contributor address; City; State; Zip Code Correction: Page 103 Entry 3		0	:
	Principal occu	ipation / Job title (See Instructions)	Employer (See In	structions)	

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SCHEDULE A

	OTHER THAN PLEDGES OR LOANS					
				17 29 PH 4: 31		
	The Instruction	GUIDE explains how to complete this form.		Total pages Sche	dule A: 25	
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	1	delete entry double reported Contributor address; City, State; Zip Code Correction: Page 103 Entry 4		0		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/15/2005	David Fernandez & Assoc. LLC Contributor address; City; State; Zip Code 2600 Virginia Ave., Suite 600 Washington, D.Correction: Page 105 Entry 5		100	 	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/1/2005	Charles Rockefeller Contributor address; City; State; Zip Code 101 West 81st #509 New York, NY Correction: Page 110 Entry 1		250	 	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/1/2005	Samuel Thompson Contributor address; City; State; Zip Code 12 Mellen St. #1 Cambridge, MA Correction: Page 110 Entry 2		100		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	2/28/2005	Tobi Molko Contributor address; City; State; Zip Code 180 W. 20th St. New York, NY 10011 Correction: Page 110 Entry 3		100	' - 	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF SAH	OF D (512) 46 ANTONIO ERK	3-5800 1-800-325-850 SCHEDULE A
	OTHER	THAN PLEDGES ON LOANS	-2005 APR 29	PH 4:31	
	The Instruction	GUIDE explains how to complete this form.	CHRISTIA CO	1 Total pages Sche	edule A:
2	FILER NAME	Julian Castro		3 ACCOUNT# (EI	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/26/2005	Claire Colman 6 Contributor address; City; State; Zip Code 2725 End Sleigh Dr. Bloomfield, MI 48301 Correction: Page 110 Entry 5		100	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	1
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/5/2004	George Bird Contributor address; City; State; Zip Code 7811 Valley Trail San Antonio, TX 78250 Correction: Page 111 Entry 1		500	,
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:	1000	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/3/2005	Samantha Cohn Contributor address; City; State; Zip Code No address located despite best efforts Correction: Page 111 Entry 3		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor out-of-state PAC (!D#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/2/2005	John Snyder Contributor address; City; State; Zip Code 260 W. 52nd St. #23A New York, NY 15019 Correction: Page 111 Entry 4		100	
		Contouton, rage in Didy		<u> </u>	<u> </u>

3/2/2005 Contributor address; City; State; Zip Code

100

3051 S. Valley View Lane San Antonio, TX 78217
Correction: Page 111 Entry 5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

out-of-state PAC (ID#:

Full name of contributor

Ronald Guyer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

In-kind contribution description (if applicable)

Amount of contribution (\$)

Date

Tex	kas Ethics Con	nmission P.O. Box 12070 Austin, T	Геха <u>ς 78711-20</u> 76) (512) 46	3-5800 1-800-325-8506
		CAL CONTRIBUTIONS (1) THAN PLEDGES OR LOANS	TY OF SAH AN	тоніо	SCHEDULE A
	The Instruction	GUIDE explains how to complete this form.	IN AFR 29 PH	1 Total pages Sche	dule A:
2	FILER NAME	Julian Castro	,-4,45,7,	3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	•	delete entry double reported Contributor address, City, State; Zip Code Correction: Page 112 Entry 1		0	 -
9	Principal occu	pation / Job title (See Instructions)	0 Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	•	Contributor address; double reported City, State; Zip Code Correction: Page 112 Entry 2		0	 -
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	,	Contributor address; double reported City: State; Zip Code		0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
The state of the s	•	delete entry double reported Contributor address; City; State; Zip Code Correction: Page 112 Entry 4		0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	1
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		delete entry double reported Contributor address; City: State; Zip Code Correction: Page 112 Entry 5		0	

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF	SAN ANTONIO Y CLERK	SCHEDULE A
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	<u> </u>
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ett	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/29/2004	Sylvia Rivera 6 Contributor address; City; State; Zip Code		150	
		St. Mary's University, One Camino Santa Maria Correction: Page 113 Entry 3	a San Antonio, TX 782		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/19/2005	Andrew Milk Contributor address; City, State, Zip Code		100	
		910 S. Bedford St. #207 Los Angeles, CA 900 Correction: Page 114 Entry 2	35		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/19/2005	Jane Gaitan Contributor address; City; State; Zip Code		100	 -
		2170 W. Kings Highway San Antonio, TX 782 Correction: Page 114 Entry 3	201	100	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	!	delete entry double reported Contributor address; City, State; Zip Code		0	
		Correction: Page 114 Entry 4		Ū	 -
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/20/2005	Margaret Cairnes Contributor address; City; State; Zip Code		100	
		1304 Country Glade San Antonio, TX 78216 Correction: Page 115 Entry 1			

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS

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SCHEDULE A

	OTHER	THAN PLEDGES OR LOANS	3	nu 1 . 0 l	
	The Instruction	GUIDE explains how to complete this form.	7805 APR 29	1 Total pages Sche	dule A:
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ein	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/17/2005	Daniel Chandra 6 Contributor address; City; State; Zip Code		100	
		23 W. 12th St., 4R New York, NY 10011 Correction: Page 115 Entry 4			
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/15/2005	Manuel Cerna Contributor address; City; State; Zip Code		100	
		9626 Mayton Cr. Helotes, TX 78023 Correction: Page 115 Entry 5			
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
******	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/16/2005	David Schamis Contributor address; City; State; Zip Code No address located despite best efforts Correction: Page 116 Entry 1		500	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/9/2005	Justin Alvarado Brown Contributor address; City; State; Zip Code 8834 Belty West Hollywood, CA 90069 Correction: Page 116 Entry 2		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/7/2005	Harry Jay Hulings Contributor address; City; State; Zip Code 815 S. Sherbourne Dr. #5 Los Angeles, CA 90 Correction: Page 116 Entry 3		500	
	Principal occup	pation / Job title (See Instructions)	Employer (See ins	structions)	

P.O. Box 12070

SCHEDULE A

	OTHER	OTHER THAN PLEDGES OR LOANS 2005 APR 29 PM 4: 31							
	The Instruction	GUIDE explains how to complete this form.	** ** ** ** ** ** ** ** ** ** ** ** **	1 Total pages Sche	dule A: 25				
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ett	nics Commission filers)				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)				
	3/14/2005	6 Contributor address; City; State; Zip Code		75					
		8018 Kenton View San Antonio, TX 78240 Correction: Page 116 Entry 5			 				
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	2/25/2005	Sylvia Rivera Contributor address; City; State; Zip Code St. Mary's University, One Camino Santa Maria Correction: Page 117 Entry 1		300 28					
	Principal occup	pation / Job title (See Instructions)	structions)						
	Date	Full name of contributor out-of-state PAC (ID#:	A CONTRACTOR OF THE CONTRACTOR	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	2/21/2005	George Bird Contributor address; City; State; Zip Code 7811 Valley Trail San Antonio, TX 78250 Correction: Page 117 Entry 4		500					
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	3/10/2005	Charles Imohiosen Contributor address; City; State; Zip Code 1285 Avenue of the Americas New York, NY Correction: Page 118 Entry 1	10019	100	 - -				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)				
	3/14/2005	Enrique Valdivia Contributor address; City; State; Zip Code 530 Donaldson Ave. San Antonio, TX 78201		100	 				
	Principal occu	Correction: Page 118 Entry 2 pation / Job title (See Instructions)	Employer (See In:	structions)					

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		THAN LEDGES SILESAND	•		
	The Instruction	GUIDE explains how to complete this form.	2005 APR 29	1 Total pages Sche	edule A:
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/14/2005	Bradley Veloz 6 Contributor address; City; State; Zip Code 230 W. Grady Place San Antonio, TX 78212 Correction: Page 118 Entry 3		100	 -
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	1
	Date	Full name of contributor out-of-state PAC (ID#: Steven Pliszka	and the second s	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/11/2005	Contributor address; City; State; Zip Code 15710 Mission Crest San Antonio, TX 78232 Correction: Page 118 Entry 4		500	 -
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/10/2005	Mary Rossi Contributor address; City; State; Zip Code 8620 N. New Braunfels, Suite 500 San Antonio Correction: Page 118 Entry 5		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/2/2005	Marc Gross Contributor address; City; State; Zip Code 100 Park Avenue New York, NY 10017 Correction: Page 119 Entry 1		250	 -
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/19/2005	Arturo Almeida Contributor address; City; State; Zip Code 203 Coyle Pl San Antonio, TX 78201		200	 -
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	N GUIDE explains how to complete this form.	200	1 Potalpages Sche	dule A 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1/20/2005	George Cortez 6 Contributor address; City; State; Zip Code P.O. Box 40333 Houston, TX 77240		1000	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/22/2005	Bill and Virginia Griffin Contributor address; City: State; Zip Code 574 Lanark San Antonio, TX 78218		500	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/22/2005	Jeffrey Shapiro Contributor address; City; State; Zip Code 14123 Kings Meadow San Antonio, TX 78231		50	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/24/2005	Bill and Ann Fitzgibbons Contributor address; City; State; Zip Code 205 Sheffield San Antonio, TX 78213		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1/24/2005	Katye Duderstadt Contributor address; City; State; Zip Code No address on check; address not located desp	ite best efforts.	300	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
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SCHEDULE A

	OTHER	THAN FLEDGES OR LOANS	•			
	The Instruction	GUIDE explains how to complete this form.	2095 AP	12 Potal pages Schedule A: 25		
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	1/24/2005	Alan Scott 6 Contributor address; City; State; Zip Code 4255 Vilamourn Dr Avon, OH 44011		250		
9	Principal occuj	pation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	1/24/2005	David and Rebecca Heller Contributor address, City, State, Zip Code 60 Rydalwood Lane Moreland Hills, OH 4402	2	250		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	1/24/2005	Whitney and Jacqueline Bailey Contributor address; City; State; Zip Code 5245 Miller Rd. Brecksville, OH 44141		250	 	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	1/26/2005	Domingo Vara Contributor address; City; State; Zip Code 534 E. Highland Blvd. San Antonio, TX 78210)	250	 	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	2/4/2005	Scott Bailey Contributor address; City; State; Zip Code 317 Harvard Los Angeles, CA		1000	In-kind	
	Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	event expenses.	

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/6/2005	Victor and Loretta Miramontes 6 Contributor address; City; State; Zip Code 1106 Country Court San Antonio, TX 78215		500	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/8/2005	Jose and Frances Guzman Contributor address; City; State; Zip Code 130 Alexander Hamilton Dr. San Antonio, TX	78288	100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/9/2005	Sulema Carreon-Sanchez Contributor address; City; State; Zip Code 2215 W. Mistletoe Ave. San Antonio, TX 782		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/12/2005	Rosie Mendoza Contributor address; City; State; Zip Code 13606 Bluffcircle San Antonio, TX 78216		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Armando Galindo)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/13/2005	Contributor address; City; State; Zip Code		300	In-kind
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	food for event.

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SCHEDULE A

	The Instruction	Guide explains how to complete this form.	2005 AP	A 29 tal Paires boné	મિહે A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ethics Commission filers)	
4	Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/15/2005	Fulbright & Jaworski Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010)	250	
9	Principal occup	pation / Job title (See Instructions)	0 Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/16/2005	M.E. Neenan Contributor address; City, State; Zip Code 6514 Pemmont San Antonio, TX 78240		95 	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/18/2005	Lucas and Maria Montecel Contributor address; City; State; Zip Code 3483 Riverway San Antonio, TX 78230		100	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	etructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/18/2005	Linda Cantu Contributor address; City; State; Zip Code 230 E. Sunshine Dr. San Antonio, TX 78228		100 	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/21/2005	Eugene Thompson Contributor address; City; State; Zip Code 417 Spriggsdale Avenue San Antonio, TX 7822	0	600	In-kind contribution for
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	rent.

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	The Instruction	GUIDE explains how to complete this form.	2005 APR	29 otal pages sche	†úle A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT# (Eth	
4	Date 2/21/2005	5 Full name of contributor out-of-state PAC (ID#: Armando Galindo)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	2/21/2003	6 Contributor address; City; State; Zip Code 1040 Rayburn San Antonio, TX 78221		300	In-kind
					contribution for event expenses
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	-
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/26/2005	John and Nancy Bellett Contributor address; City; State; Zip Code		50	
		333 Visor Dr. San Antonio, TX 78258			
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/26/2005	Guadalupe Figueroa Contributor address: City: State; Zip Code		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/26/2005	Dora and Alfred Ramos Contributor address; City; State; Zip Code 6701 Blanco Rd. San Antonio, TX 78216	. ,	100	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/26/2005	Santos Vargas Contributor address; City; State; Zip Code 112 E. Pecan St., Suite 1800 San Antonio, TX 7	78205	100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	

Tex	as Ethics Con	nmission P.O. Box 12070 Austin,	Texas 78711-2070	RECIETAL FOR	3 <u>5800 1-800-325-8506</u>
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	C) ;	CITY CLERI	TONIO SCHEDULE A
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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	1 01.2
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#: Ellen Lockwood		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/1/2005	6 Contributor address; City; State; Zip Code 16123 Old Stables Road San Antonio, TX 7824	7	169.65	In-kind contribution for event expenses.
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	Event expenses.
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/1/2005	Kelly Valdez Contributor address; City; State; Zip Code 16123 Old Stables Road San Antonio, TX 7872		169.65	
					In-kind contribution for
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	event expenses.
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/2005 Cor		Elaine Neenan Contributor address; City; State; Zip Code 6514 Pemmont San Antonio, TX 78240		150	In-kind
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		contribution for event expenses.
	Date	Full name of contributor out-of-state PAC (ID#:))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/1/2005	Darrell Mayes Contributor address; City, State; Zip Code 5903 Eagle Lake Dr. San Antonio, TX 78244		50	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/3/2005	H.L. and Christel Villareal Contributor address; City; State; Zip Code 102 Harcourt San Antonio, TX 78223		50	

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS

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SCHEDULE A

	OTHER	THAN PLEDGES OR LOANS	3	n ag PN h: 3	32
	The Instruction	GUIDE explains how to complete this form.	7105-74	1 Total pages Sche	dule A:
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#: Mahendra and Kirti Patel)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/4/2005	6 Contributor address; City; State; Zip Code 19318 Crystal Bluff San Antonio, TX 78258		1600	In-kind contribution for
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	event expenses.
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/9/2005	Eddie Cavazos Contributor address; City; State; Zip Code P.O. Box 684977 Austin, TX 78768		200	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/11/2005	Gordon and Amy Caplan Contributor address; City; State; Zip Code 21 Topping Rd. Greenwich, CT 06831		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/11/2005	Antonio and Cheryl Rigual Contributor address; City; State; Zip Code 6819 Washington Way San Antonio, TX 78256	5	100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/16/2005	William Thornton Contributor address; City; State; Zip Code 4226 Laurel Tr. San Antonio, TX 78240		515.42	In-kind
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	food for event.

Гех	as Ethics Con	nmission P.O. Box 12070 Austin,	Texas 7871 F207	NTON10 (512) 46	3-5800 1-800-325-8506
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF SAME	BK MI Duio	SCHEDULE A
	OTHER	THAN FLEDGES ON EGANG		PM 4:32	
	The Instruction	N GUIDE explains how to complete this form.	- 50002 BARK 63	1 Total pages Sche	edule A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Ett	nics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#: Eugene Thompson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/21/2005	6 Contributor address; City; State; Zip Code 417 Spriggsdale Avenue San Antonio, TX 782:	20	400	In-kind contribution for
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	rent.
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/23/2005	Alberto and Julia Magnon Contributor address; City, State; Zip Code		50	
		3715 Sunshine Ranch San Antonio, TX 78228			
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/23/2005	Manuel and Patricia Sanchez Contributor address, City, State, Zip Code		500	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/24/2005	Paul Coggins Contributor address; City; State; Zip Code 3302 Oakhurst St. Dallas, TX 75214		500	 - -
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/24/2005	Lisa and Antonio Alvarado Contributor address; City: State; Zip Code 802 McNeel San Antonio, TX 78228		100	:
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

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SCHEDULE A

		THAN LEDGES ON EGANG			
	The Instruction	GUIDE explains how to complete this form.	2035 ≱FR 2	1 Total pages Sche	dule A:
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/25/2005	Terry Hausman 6 Contributor address; City; State; Zip Code 9910 Teal Avenue San Antonio, TX 78224		500	
9	Principal occuj	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/25/2005	Isidro Gutierrez Contributor address; City, State; Zip Code 8306 Littleport San Antonio, TX 78239		35	
Principal occupation / Job title (See Instructions) Employer (Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/25/2005	Mike Davis Contributor address; City; State; Zip Code P.O. Box 681994 San Antonio, TX 78268		50	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/25/2005	Don White Contributor address; City; State; Zip Code 3737 Broadway, No. 320 San Antonio, TX 782	209	1000	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/26/2005	Daniel and Migdalia Aponte Contributor address; City; State; Zip Code 25035 Granite Path San Antonio, TX 78258		100	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	

	OTHER	THAN PLEDGES OR LOANS	3	The land to the state of the st	
	The Instructio	N GUIDE explains how to complete this form.	2005 APR	79 PM 4: 30 Total pages Sche	dule A: 25
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/26/2005	Richard Holgin and Yolanda Santos Holgin/Si 6 Contributor address; City; State; Zip Code P.O. Box 100687 San Antonio, TX 78201	antos	100	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/26/2005	Stephanie Alanis Contributor address; City; State; Zip Code 4 Daventry Lane San Antonio, TX 78257		800	
					In-kind contribution for
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	event expenses.
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/26/2005	Raymund Fuentes Contributor address; City; State; Zip Code 184 E. Oakview Pl. San Antonio, TX 78209		600	In-kind contribution for
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	event expenses.
	Date	Full name of contributor out-of-state PAC (ID#: Mr. and Mrs. Michael Hu)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/28/2005	Contributor address; City; State; Zip Code 8822 Wurzbach Rd. San Antonio, TX 78229		500	t-shirts, water for
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	office, stickers,
	- micipal occu	pation / Job title (See manuctions)	,		
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	

mmission P.O. Box 12070 Austin, Texas 7	8711-2070 (5 <u>12)</u>	463-5800 1-800-325-85
CAL EXPENDITURES		ONIO SCHEDULE F
ON GUIDE explains how to complete this form.	2003 APR 29 Total pa	ges Schedule F:
E Julian Castro	3 ACCOU	NT # (Ethics Commission filers)
·		7 Amount
Bauhus Media Group		(\$)
6 Payee address; City; State; Zip Code 1212 E. Euclid San Antonio, TX 78212		9733.8
nyment (See instructions regarding type of information ection: Page 139 Entry 4	9 •• Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Payee name		Amount (\$)
Allied Payee address; City; State; Zip Code 3700 Blanco San Antonio, TX 78212		6650
Correction: Page 150 Entry 3	Candidate / Officeholder name	Office sought Office held
Payee name delete entry duplicate		Amount (\$)
Payee address; City; State; Zip Code		0
ayment (See instructions regarding type of information n: Page163 Entry 3	•• Complete if direct expend Candidate / Officeholder name	iture to benefit C/OH •• Office sought Office held
Payee name		Amount (\$)
delete entry duplicate		1
Payee address; City; State; Zip Code		
		0
	Son Guide explains how to complete this form. E Julian Castro 5 Payee name Bauhus Media Group 6 Payee address; City: State; Zip Code 1212 E. Euclid San Antonio, TX 78212 yment (See instructions regarding type of information ction: Page 139 Entry 4 Payee name Allied Payee address; City; State; Zip Code 3700 Blanco San Antonio, TX 78212 pyment (See instructions regarding type of information correction: Page 150 Entry 3 Payee name delete entry duplicate Payee address; City; State; Zip Code Payee address; City; State; Zip Code Payee name delete entry duplicate Payee address; City; State; Zip Code	Descriptions of the complete this form. E Julian Castro 5 Payee name Bauhus Media Group 6 Payee address: City: State: Zip Code 1212 E. Euclid San Antonio, TX 78212 Total pa Total pa Total pa 3 ACCOU 5 Payee name Bauhus Media Group 6 Payee address: City: State: Zip Code 1212 E. Euclid San Antonio, TX 78212 Total pa Total pa

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The Instruction	N GUIDE explains how to complete this form.	1 Total pag	es Senedule F: 4:32 10
FILER NAME	Julian Castro	3 ACCOUN	NT # (Ethics Commission filers)
Date	6 Payee address; City; State; Zip Code		7 Amount (\$)
Purpose of pay required.	/ment (See instructions regarding type of information tion: Page 165 Entry 2	9 •• Complete if direct expenditu Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Date	Payee name delete entry duplicate Payee address; City; State; Zip Code		Amount (\$)
required.)	yment (See instructions regarding type of information on: Page 165 Entry 3	Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
Date	Payee name delete entry duplicate Payee address; City; State; Zip Code		Amount (\$)
Purpose of pa	nyment (See instructions regarding type of information	Complete if direct expendirect candidate / Officeholder name	ture to benefit C/OH •• Office sought Office held
Correction	Payee name delete entry duplicate		Amount (\$)
	Payee address; City; State; Zip Code		0
required.)	ayment (See instructions regarding type of information on: Page 166 Entry 1	•• Complete if direct expendi Candidate / Officeholder name	iture to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS FORM AS NEEDED	

-ex	as Ethics Com	mission P.O. Box 12070 Austin, Texas 7	78711-2070 RE	CE VIET 2) 463-58	1-800-325-8506
		CAL EXPENDITURES	CITY OF	SANANTONIO	SCHEDULE F
			onne a DD	20 PM L: 32	
	The Instruction	Guide explains how to complete this form.		1 Total pages Sched	dule F: 10
2	FILER NAME	Julian Castro		3 ACCOUNT# (Ethi	ics Commission filers)
4	Date	5 Payee name delete entry duplicate		7	Amount (\$)
	, c	6 Payee address; City; State; Zip Code			0
8	Purpose of payr required correcti	ment (See instructions regarding type of information ion: Page 166 Entry 2	9 •• Complete if d Candidate / Officeholder	lirect expenditure to ber name Office :	nefit C/OH •• sought Office held
	Date 3/14/2005	Payee name KENS-TV Payee address; City; State; Zip Code			Amount (\$)
		4801 Fredriskburg Rd. San Antonio, TX	78230		19915.5
	required.)	ment (See instructions regarding type of information ising Correction: Page 171 Entry 2	Complete if c Candidate / Officeholder	direct expenditure to be r name Office	nefit C/OH •• sought Office held
	Date	Payee name delete entry duplicate			Amount (\$)
		Payee address; City; State; Zip Code			0
	required.)	ment (See instructions regarding type of information Page 173 Entry 2	Complete if Candidate / Officeholder	direct expenditure to be r name Office	enefit C/OH •• sought Office held
	Date	Payee name delete entry duplicate Payee address; City; State; Zip Code			Amount (\$)
					0
	required.)	ment (See instructions regarding type of information	•• Complete if Candidate / Officeholde	direct expenditure to be or name Office	enefit C/OH •• o sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

ex	POLITIC	mission P.O. Box 12070 Austin, Texas 7	CITY OF	(512) 463-58 CEIVED SAN ANTONIO Y CLERK	schedule F
	The Instruction	Guide explains how to complete this form.	2005 APRI	29 Total plages Sche	gule F:
2	FILER NAME	Julian Castro		3 ACCOUNT # (Eth	ics Commission filers)
4	Date ,	delete entry duplicate delete entry duplicate for Payee address; City: State; Zip Code			Amount (\$)
8	required.)	ment (See instructions regarding type of information on: Page 175 Entry 4	9 ·· Complete if di Candidate / Officeholder r	rect expenditure to be name Office	nefit C/OH •• Sought Office held
	Date /	Payee name delete entry duplicate Payee address; City; State; Zip Code			Amount (\$)
	required.)	ment (See instructions regarding type of information on: Page 176 Entry I	•• Complete if di Candidate / Officeholder	irect expenditure to be name Office	enefit C/OH •• sought Office held
	Date	Payee name delete entry duplicate Payee address; City; State; Zip Code			Amount (\$)
	required.)	rment (See instructions regarding type of information Page 176 Entry 2	•• Complete if d Candidate / Officeholder	lirect expenditure to be name Office	enefit C/OH •• e sought Office held
	Date	Payee name delete entry duplicate Payee address; City; State; Zip Code			Amount (\$)

Purpose of payment (See instructions regarding type of information

Correction: Page 176 Entry 3

• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name

Office held Office sought

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES CITY	F SAN ANTONIO SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
FILER NAME Julian Castro	3 ACCOUNT # (Ethics Commission filers)
Date Viva Media 1/1/2005 6 Payee address; City; State; Zip Code 1100 N.W. Loop 410 San Antonio, TX 782	7 Amount (\$)
Purpose of payment (See instructions regarding type of information required.) TV advertising	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name IBC Bank 2/1/2005 Payee address; City; State; Zip Code 130 E. Travis San Antonio, TX 78205	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) Check Fee	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Village Catering 2/4/2005 Payee address; City; State; Zip Code	Amount (\$)
214 South McCadden Place Los Angeles, C.	A 90004 2500
Purpose of payment (See instructions regarding type of information required.) Event expenses.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Gerardo Menchaca 2/20/2005 Payee address; City; State; Zip Code	Amount (\$)
206 E. Rosewood #2 San Antonio, TX 7821	
Purpose of payment (See instructions regarding type of information required.) Julian's Las Vegas hotel ATTACH ADDITIONAL COPIES	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

exas Ethics Com	mission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463	
	AL EXPENDITURES	CITY OF SAN A	ANTONIO ERK	SCHEDULE F
The Instruction	Guide explains how to complete this form.	2005 APR 29 T	Total pages S	chedule F:
FILER NAME	Julian Castro		3 ACCOUNT#	(Ethics Commission filers)
) Date	5 Payee name Gerardo Menchaca		;	7 Amount (\$)
1.	6 Payee address; City; State; Zip Cod 206 E. Rosewood #2 San Antonio, TX			598.9
required.)	nent (See instructions regarding type of information s Vegas Flight	9 •• Complete if d Candidate / Officeholder	irect expenditure to name O	b benefit C/OH •• Iffice sought Office held
Date 2/21/2005	Payee name New Reach Media Payee address; City; State; Zip Coc			Amount (\$)
	Payee address, City, Cato, Lip 655			205.67
	PO Box 782448 San Antonio, TX 782	78		
Purpose of payr required.) Data servic	ment (See instructions regarding type of information		direct expenditure t name	o benefit C/OH •• Office sought Office held
required.) Data servic	ment (See instructions regarding type of information	•• Complete if o	direct expenditure t	o benefit C/OH •• Office sought Office held Amount (\$)
required.) Data servic	ment (See instructions regarding type of information ces	•• Complete if c Candidate / Officeholder	direct expenditure to name	Office held Amount
Data servic	ment (See instructions regarding type of information ces Payee name IBC Bank Payee address; City; State; Zip Cod	•• Complete if c Candidate / Officeholder	direct expenditure	Amount (\$)
Date 2/28/2005 Purpose of payr required.)	Payee name IBC Bank City; State; Zip Cod 130 E. Travis San Antonio, TX 78205	Complete if condidate / Officeholder de Candidate / Officeholder	direct expenditure	Amount (\$) 248.41
Date 2/28/2005 Purpose of payr required.) Bank fee.	Payee name IBC Bank Payee address; City; State; Zip Coc 130 E. Travis San Antonio, TX 78205	Complete if of Candidate / Officeholder de Complete if of Candidate / Officeholder	direct expenditure	Amount (\$) 248.41 to benefit C/OH •• Office sought Office held
Date 2/28/2005 Purpose of payr required.) Bank fee.	Payee name 130 E. Travis San Antonio, TX 78205 ment (See instructions regarding type of information Payee address; City; State; Zip Coc 130 E. Travis San Antonio, TX 78205 ment (See instructions regarding type of information Payee name Clear Channel Outdoor	Complete if condidate / Officeholder Complete if condidate / Officeholder Candidate / Officeholder de	direct expenditure	Amount (\$) 248.41 to benefit C/OH •• Office sought Office held Amount
Date 2/28/2005 Purpose of payr required.) Bank fee. Date 3/10/2005	Payee name 130 E. Travis San Antonio, TX 78205 ment (See instructions regarding type of information Payee address; City; State; Zip Coo 130 E. Travis San Antonio, TX 78205 ment (See instructions regarding type of information Payee name Clear Channel Outdoor Payee address; City; State; Zip Coo	Candidate / Officeholder Candidate / Officeholder Candidate / Officeholder Candidate / Officeholder de onio, TX 78219	direct expenditure of a mane	Amount (\$) 248.41 to benefit C/OH •• Office held Amount (\$) Amount (\$)

POLITIC	CAL EXPENDITURES	CITY OF SAN CITY CL	ANTUNIU	SCHEDULE F
The Instruction	GUIDE explains how to complete this form.	ZUPS APR 29	Total pages So	10
FILER NAME	Julian Castro		3 ACCOUNT#	(Ethics Commission filers)
Date 3/14/2005	5 Payee name Julian Castro 6 Payee address; City; State; Zip Code 715 E. Sunshine San Antonio, TX 78228			Amount (\$)
required.)	ment (See instructions regarding type of information ement for campaign expenses.	9 ·· Complete if d Candidate / Officeholder	lirect expenditure to name Of	benefit C/OH •• Office held
Date 4/28/2005	Payee name Gerardo Menchaca			Amount (\$)
4/26/2003	Payee address; City; State; Zip Code 206 E. Rosewood #2 San Antonio, TX 78	3212		4215.28
required.)	ment (See instructions regarding type of information ment for campaign expenses incurred between January 1 a	Candidate / Officeholder	direct expenditure to	b benefit C/OH •• flice sought Office held
Date 3/14/2005	Payee name IBC Bank Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.) Bank fee.	ment (See instructions regarding type of information	•• Complete if Candidate / Officeholde	direct expenditure t ir name	o benefit C/OH •• Office sought Office hel
Date 3/18/2005	Payee name SBC Payee address; City; State; Zip Code			Amount (\$)
	PO Box 650487 Dallas, TX 75265			51.35
required.)	yment (See instructions regarding type of information unications services	•• Complete if Candidate / Officeholde	direct expenditure t er name	to benefit C/OH •• Office sought Office he
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

March rent for eastside office.

required.)

Purpose of payment (See instructions regarding type of information

Office held

• Complete if direct expenditure to benefit C/OH ••

Candidate / Officeholder name

Office sought

Tex	as Ethics Com	nmission P.O. Box 12070 Austin, Texas 7	8711-2070 (512) 46	33-5800 1-800-325-8506
		CAL EXPENDITURES	CITY OF SAN ANTONI CITY CLERK	0 SCHEDULE F
	The Instruction	Guide explains how to complete this form.	2005 APR 291 Polal bages	Schedule F:
2	FILER NAME	Julian Castro	3 ACCOUNT	# (Ethics Commission filers)
4	Date 3/23/2005	 Fayee name Kevin Lopez 6 Payee address; City; State; Zip Code 602 E. Locust San Antonio, TX 78212 		7 Amount (\$)
8	required.)	ment (See instructions regarding type of information all services.	9 •• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
	Date 4/28/2005	Payee name Gerardo Menchaca Payee address; City; State; Zip Code 206 E. Rosewood #2 San Antonio, TX 78	212	Amount (\$) 2776.76
	required.)	ment (See instructions regarding type of information ement for travel expenses to Las Vegas, Los Angeles, and o	Complete if direct expenditure Candidate / Officeholder name ther locations incurred between January 1 and	Office sought Office held
	Date 4/28/2005	Payee name Joaquin Castro Payee address; City; State; Zip Code 143 Globe San Antonio, TX 78238		Amount (\$).
	required.)	ment (See instructions regarding type of information ent for travel expenses to Los Angeles incurred between Jan	Complete if direct expenditure Candidate / Officeholder name nuary 1 and March 28, 2005.	e to benefit C/OH •• Office sought Office held
	Date 4/28/2005	Payee name Guillermo Benavides Payee address; City; State; Zip Code		Amount (\$)
	Purpose of pay required.)	7806 Pinebrook San Antonio, TX 78230 rment (See instructions regarding type of information	•• Complete if direct expenditur Candidate / Officeholder name	re to benefit C/OH •• Office sought Office held

Reimbursement for cash donation.

	POLITIC	CAL EXPENDITURES	CITY OF SAN A	ED NTONIO	SCHEDULE F
			2005 APR 29 PM		
	The Instruction	Guide explains how to complete this form.	LJ PM	te: Total pages So	chedule F: 10
2	FILER NAME	Julian Castro		3 ACCOUNT#	(Ethics Commission filers)
4	Date 4/28/2005	5 Payee name Lucille Benavides 6 Payee address; City; State; Zip Code 7806 Pinebrook San Antonio, TX 78230			500
8	required.)	ment (See instructions regarding type of information ment for cash donation.	9 ··· Complete if di Candidate / Officeholder	irect expenditure to name Of	benefit C/OH •• fice sought Office held
	Date	Payee name			Amount (\$)
	4/28/2005	Alex Salaiz Payee address; City; State; Zip Code 1059 John Page San Antonio, TX 78228			200
	required.)	/ment (See instructions regarding type of information ment for cash donation.	•• Complete if d Candidate / Officeholder	lirect expenditure to name O	benefit C/OH •• ffice sought Office held
	Date 4/28/2005	Payee name Dan Markson Payee address; City; State; Zip Code			Amount (\$)
		317 Lexington Ave. San Antonio, TX 782	5		100
	required.)	yment (See instructions regarding type of information ent for contribution over the limit.	•• Complete if o	direct expenditure to name C	o benefit C/OH •• Office sought Office held
	Date 4/28/2005	Payee name Selina Gutierrez Payee address; City; State; Zip Code			Amount (\$)
		4 Sarazen Court San Antonio, TX 78257			3.33
	Purpose of pa required.)	yment (See instructions regarding type of information	•• Complete if Candidate / Officeholder	direct expenditure t r name	o benefit C/OH •• Office sought Office held
	Reimburse	ment for contribution over the limit.			
_		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	